

PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to: Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

JAN 28 2000

1-31-00

B *ph*

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

N RHYS MERRETT
SHARP COMFORT AND MERRETT, P.C.
13355 NOEL ROAD SUITE 1340
DALLAS TX 75240-6626

LM41/1108

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

JUDY A. BETTS

(Depositor's name)

Judy A. Betts

(Signature)

1-28-00

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/619,682	05/23/96	063	LEGREE, T	2744 11/08/99
First Named Applicant	CALLAGHAN,		35 USC 154 (b) term ext. =	0 Days.

TITLE OF INVENTION DATA ENTRY SYSTEMS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 5003/PCT/US	455-422.000	D95	UTILITY	NO	\$ 605.00 \$1210.00	02/08/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Sharp, Comfort & Merrett, P.C.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Dataquill Limited

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Tortola, British Virgin Islands

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee
 Advance Order - # of Copies 5

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 500315

(ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee
 Advance Order - # of Copies

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date)
27,250 1-28-00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

02/01/2000 ADOHAMM1 00000136 08619602

01 FC:242
02 FC:561605.00 00
15.00 00

TRANSMIT THIS FORM WITH FEE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$) **620.00****Complete if Known**

Application Number	08/619,682	
Filing Date	April 2, 1996	
First Named Inventor	Callaghan et al.	
Group Art Unit	2744	
Examiner Name	Legree, T.	
Attorney Docket Number	5003A/PCT/US	

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Acct. # **50-0315**Deposit Acct. Name: **Sharp, Comfort & Merrett, P.C.**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the mailing of the Notice of Allowance

2. Payment Enclosed:

Check Money Order Other

FEES CALCULATION**1. FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	760	201	380	Utility filing fee	
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	760	208	380	Reissue filing fee	
114	214	214	75	Provisional fee	

SUBTOTAL (1) \$

2. CLAIMS

Total Claims	<input type="checkbox"/>	-20 =	<input type="checkbox"/>	Extra	Fee from below	Fee Paid
Independent Claims	<input type="checkbox"/>	-3 =	<input type="checkbox"/>	X	<input type="checkbox"/>	X
Multiple Dependent Claims			<input type="checkbox"/>	X	<input type="checkbox"/>	X

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple Dependent claims
109	78	209	39	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

Large Entity	Small Entity	
Fee Code	Fee (\$)	Fee Code
105	130	205
127	50	227
139	130	139
147	2520	147
112	920	112
113	1840	113
115	110	215
116	380	216
117	870	217
118	1360	218
128	1850	228
119	300	219
120	300	220
121	260	221
138	1510	138
140	110	240
141	1210	241
142	1210	242
143	430	243
144	580	244
122	130	122
123	50	123
126	240	126
581	40	581
146	760	246
149	760	249

5 soft copies**15**

Other fee (specify)

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

\$620**SUBMITTED BY***N. Rhys Merrett*

complete (if applicable)

Typed or
Printed Name**N. Rhys Merrett**

Reg. Number

27,250

Signature

Date

1-28-00

Deposit Account

50-0315

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.